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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION:	Hospital of Clearwater	
DOCUMENT NUMI	P15000077129). 	
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	pondence concerning this ma	tter to the following:	
	Kristen L Brauer		
		Name of Contact Persor	1.
	5-447 Haines Rd N, #422	Firm/ Company	
	St Petersburg FL 33714	Address	
		City/ State and Zip Code	2
	kbrauerdvm@yahoo.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further informatio	n concerning this matter, pleas	se call:	
Kristen L Brauer		727 at (365-9285 _)
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	r the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

Sunshine Animal Hospital of Clearwater, Inc

(Name of Corporation as current) P15000077129	v filed with the Florida Dept. of State)
(Document Number o	f Corporation (if known)
Pursuant to the provisions of section 607.1006. Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation: Ascent Animal Health, Inc	The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A "chartered," "professional association," or the abbreviation "P.A."	company," or "incorporated" or the abbreviation "Corp.," A professional corporation name must contain the word
• •	3021 Lown St N
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	St Petersburg FL 33713
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5447 HAINES RD N, #422
	ST PETERSBURG FL 33714
D. If amending the registered agent and/or registered office add new registered agent and/or the new registered office address Name of New Registered Agent	ress in Florida, enter the name of the
(Florida str	rcet address)
New Registered Office Address:	, Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent. I am familiar	is: with and accept the obligations of the position.
Signature of New F	Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
I) Change			
Add			
Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

Attach <i>additior</i>	adding additional Art al sheets, if necessary).	(Be specific)				
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f an amendm	nt provides for an exc	hange reclassif	ication or cane	ellation of issue	d charec	
provisions for	implementing the ame	endment if not o	contained in the	amendment its	elf:	
(if not app	licable, indicate N/A)					
		 -			_	

The date of each amendment(s) ado	ption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this blo document's effective date on the Dep	ck does not meet the applicable statutory filing requirements, this datastrment of State's records.	e will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop action was not required.	ted by the incorporators, or board of directors without shareholder action	n and shareholder
☐ The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(sticient for approval.	
	oved by the shareholders through voting groups. The following stateme ach voting group entitled to vote separately on the amendment(s):	nı
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
8/3/2022		
Dated		
Signature	\\\ _\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
(By a dire	ector, president or other officer - if directors or officers have not been	
	by an incorporator – if in the hands of a receiver, trustee, or other courd fiduciary by that fiduciary)	•
	Cristen L Brauer	
	(Typed or printed name of person signing)	
ı	President	
_	(Title of person signing)	